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PTO/SB/22 (10-00) (F&B 3/02)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 58286AM-306513										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Here Application of: MORDECHAY BEYAR</td> </tr> <tr> <td style="padding: 2px;">Application Number 10/034,959</td> <td style="padding: 2px;">Filed December 27, 2001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For MEDICAL SLING PROCEDURES AND ANCHOR INSERTION METHODS AND DEVICES</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 731</td> <td style="padding: 2px;">Examiner Gary Jackson</td> </tr> </table>			Here Application of: MORDECHAY BEYAR		Application Number 10/034,959	Filed December 27, 2001	For MEDICAL SLING PROCEDURES AND ANCHOR INSERTION METHODS AND DEVICES		Group Art Unit 731	Examiner Gary Jackson		
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For MEDICAL SLING PROCEDURES AND ANCHOR INSERTION METHODS AND DEVICES												
Group Art Unit 731	Examiner Gary Jackson											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="padding: 2px; text-align: right;">\$ 120</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="padding: 2px;"></td> </tr> </table>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	
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<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half and the resulting fee is: \$</p> <p><input type="checkbox"/> A ___-month extension was previously paid for. Accordingly, the fees for this 1-month extension are \$ ___.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-0029.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="margin-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 40px;">Registration number if acting under 37 CFR 1.34(a). _____ 07/05/2005 TL0111 00000004 10034959</p>												
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>												
<p><u>July 1, 2005</u></p> <p align="center">Date</p>		<p align="center"></p> <p align="center">Signature</p> <p align="center"><u>Paul W. Busse, #32,403</u></p> <p align="center">Typed or printed name</p>										
<p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>												
<p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>												

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